

X 2013-1581

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/12/2013
NAME OF PROVIDER OR SUPPLIER LOURDES COUNSELING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1175 CARONDELET DRIVE RICHLAND, WA 99352		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	INITIAL COMMENTS PSYCHIATRIC HOSPITAL STATE LICENSING SURVEY The following statement of deficiencies resulted from a state psychiatric hospital licensure health survey that was conducted by Stephen Mickschl, RN, MS and Lisa Mahoney, MPH on 11/4-5/2013. ASE #SGDI11	L 000	An acceptable Plan of Correction (due date 12/2/2013) must include the following: · HOW the deficiency will be or was corrected, · WHO is responsible for the correction, · WHAT monitors will be put in place to assure continuing compliance · WHEN each deficiency will be corrected. Insert anticipated date of correction in far right column under "Complete Date". Correction cannot take longer than 60 days without surveyor's approval (due date 1/5/2014). The administrator or representative's signature and signing date are required on the first (original) page and initials in the lower right hand corner on all other pages. Please return the original survey report to: Stephen B. Mickschl, MS, RN PO Box 1870 Blaine, WA 98231-1870		
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This WAC is not met as evidenced by: Surveyor #2: All findings listed below occurred during a tour of the facility Dietary Department on 11/5/2013: 1. Ref: Washington State Retail Food Code, WAC FOOD SERVICE 246-215-04565 (3) (b) At 8:45 AM, the Surveyor used a chemical test-strip to assess the concentration of quaternary ammonium sanitizer in a wipe bucket	L1485	see attached plan of correction		

By signing, I understand these findings and agree to correct as noted:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara Mickschl

STATE FORM

021199

TITLE

V. Behavioral Health

SGDI11

(X6) DATE

11/29/13

If continuation sheet 1 of 2

Washington State Department of Health

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L1485	<p>Continued From Page 1</p> <p>designated for food contact surfaces. The concentration of chemical sanitizer was less than or equal to 100 parts per million (ppm).</p> <p>2. Ref: Washington State Retail Food Code, WAC FOOD SERVICE 246-215-03525 (1)(b)</p> <p>At 9:00 AM, the Surveyor used a thin stem thermometer to assess the temperature of deli items in a refrigeration unit for the salad bar. The following items were greater than 41 degrees Fahrenheit:</p> <ul style="list-style-type: none"> a. Egg Salad: 43 degrees b. Tuna Salad: 43 degrees c. Cheese slices: 46 degrees <p>This finding was corrected at the time of the survey.</p> <p>3. Ref: Washington State Retail Food Code, WAC FOOD SERVICE 246-215-04250 (1) and (2)</p> <p>At 9:10 AM, the Surveyor observed that the warewashing machine had no affixed, readable data plate indicating machine specifications for use, including proper temperatures for washing, rinsing and sanitizing. This finding was confirmed by the Dietary Manager (Staff Member #1) at the time of the survey.</p> <p>4. Ref: Washington State Retail Food Code, WAC FOOD SERVICE 246-215-05240 (1)</p> <p>During an interview with the Dietary Cook (Staff Member #2), the staff member indicated that preparation for the mop water occurred in the kitchen and not at a service sink as required.</p>	L1485		11/6/14	

By signing, I understand these findings and agree to correct as noted:

STATE FORM

021199

SGDI11

If continuation sheet 2 of 2